

UNITED STEES DEPARTMENT OF COMMERCE Patent and Trademark Office

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APPLICATION NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTORN	IEY DOCKET NO.	
08/484,838	6/7/45	Fabijanski	3 3229/324/P/H(EXAMINER FOF		
			ART UNIT	PAPER NUMBER	
			1803	17	
			DATE MAILED:		
	INTERV	IEW SUMMARY			
All participants (applicant, applicant	t's representative PTO personne	si\.			
All participants (applicant, applicant	Palla	a).			
1) Donald).	Pelto	(3)			
2) David Fox		(4)			
Date of Interview6/5/9	7				
Type: Telephonic Persona	Languia divan to Dangliaant	applicant's representative			
Exhibit shown or demonstration cor	nducted: Yes Mo If yes,	brief description:			
					
Agreement 🖾 was reached. 🔲 w	vas not reached.				
Claim(s) discussed:					
	Nine				
dentification of prior art discussed:	7.0,0				
Description of the general nature of	what was agreed to if an agreer	ment was reached, or any other	r comments:	mr andt	
original con	US extend.	marked 10/10	/07 An	A+ AF	
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of 5/15/57	was extend.		. <u></u>		
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A fuller description, if necessary, a nust be attached. Also, where no dattached.)					
i. Lit is not necessary for applica	int to provide a separate record	of the substance of the interview	W.		

Unless the paragraph above has been checked to indicate to the contrary. A FORMAL WRITTEN RESPONSE TO THE LAST OFFICE ACTION IS NOT WAIVED AND MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a response to the last Office action has are ready been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW.

2. Since the Examiner's interview summary above (including any attachments) reflects a complete response to each of the objections, rejections and requirements that may be present in the last Office action, and since the claims are now allowable, this completed form is considered to fulfill the response requirements of the last Office action. Applicant is not relieved from providing a separate record of the interview unless box 1 above is also checked.

Examiner Note: You must sign this form unless it is an attachment to another form.

FORM PTOL-413 (REV.1-96)

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